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Date: January 12, 2005
To: USPTO 703-872-9306
From: Peter D. Sachtjen
Re: Serial No.: 10/770,626 STADERMANN

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Please forward the attached response to office action to Examiner Khoi H. TRAN in Art Unit 3651. There are 11 pages in the attached response (not including this cover page).

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

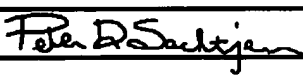
11

Application Number	10/770,626
Filing Date	02/04/2004
First Named Inventor	STADERMANN, Greg
Art Unit	3651
Examiner Name	TRAN, K.
Attorney Docket Number	6250-06-04

ENCLOSURES (Check all that apply)

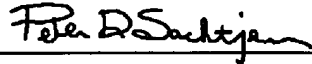
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MILLS LAW FIRM PLLC		
Signature			
Printed name	Peter D. Sachtjen		
Date	01/12/2005	Reg. No.	24,819

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Peter D. Sachtjen	Date	01/12/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Stadermann, G.
Title: BULK MAILING TRACKING SYSTEM
Serial No.: 10/770,626
Filing Date: 02/04/2004
Art Unit: 3651
Examiner: Tran, K.
Docket No.: P-6250-06-04
Last Action: October 15, 2004
Customer Number 23983

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT

Responsive to the Office Action of October 15, 2004, please amend the above-identified application as follows:

In the Drawings:

Substitute the attached replacement sheets for drawings as filed.

In the Claims:

Amend claims as set forth in the attached Claims Status.